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TO:

FROM:

Name: Mail Stop RCE

Name:

Thomas H. Martin

Art Unit 3764/Examiner Michael Brown

Firm: U.S. Patent & Trademark Office

Phone No.: 330-877-2277

Fax No.: 571-273-8300

No. of Pages (including this): 18

Subject: U.S. Patent Application No. 10/047,545

Date:

January 27, 2006

Gary Karlin Michelson Filed: January 16, 2002

THREADED FRUSTO-CONICAL INTERBODY

SPINAL FUSION IMPLANTS

Attorney Docket No. 101.0053-01000

Customer No. 22882 Confirmation No.: 4993 Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$1,690.00 total amount to cover the \$900 third-month extension fee and \$790 RCE fee is to be charged to Deposit Account No. 50-3726), Request for Continued Examination (RCE), Amendment, and Information Disclosure Statement with Form PTO-1449 are being facsimile transmitted to the U.S. Patent and Trademark Office on January 27, 2006.

Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 101.0053-01000

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gary K. Michelson

Confirmation No.: 4993

Serial No: 10/047,545

Filed: January 16, 2002

Art Unit: 3764

THREADED FRUSTO-CONICAL

Examiner: Michael Brown

INTERBODY SPINAL FUSION IMPLANTS

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Further to the Advisory Action dated November 30, 2005, transmitted herewith is a Request for Continued Examination (RCE) and Amendment in reply to the Office Action dated August 10, 2005 in the above-identified application.

- No additional fee is required.
- \boxtimes Applicant hereby requests a third-month extension of time to respond to the above office action (noting that a one-month extension of time was previously paid on November 11, 2005).
- 図 An Information Disclosure Statement and Form PTO-1449 with 1 document including translation are enclosed.

The fee has been calculated as shown below:

	(Coi. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	64	-	70		0	LG=\$50 SM=\$26	\$50	\$	0
INDEPENDENT CLAIMS FEE	.3	-	3 .	***	0	LG=\$200 SM=\$100	\$200	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180								\$	0
							TOTAL	\$	0

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.
- 図 The total amount of \$1,690.00 to cover the \$900 third-month extension of time fee and \$790 RCE fee is to be charged to Deposit Account No. 50-3726.
- 冈 The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.
 - Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 - Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted, MARTIN & FERRARO, LLP

Date: January 27, 2006

Thomas H. Martin Registration No. 34,383

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